## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

4821-471-999

		CLAIMS AS		(Column 1) (Column				SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			23					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			H minus 20=		* 4			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			り minus 3 =		* 2			X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in column 2			TOTAL		OR	TOTAL	りアロカ
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
(Column 1)				(Colun		(Column 3)	, ,	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 OL A 14 4	<u> </u> =		X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDEN	CLAIM	<u> </u>	]	+145=		OR	+290=	
							•	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2\	(Column 3)		ADDIT. FEE		•	ADDII. I LLI	
		CLAIMS		HIGH		(Coldinii o)	1		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	<u>                                     </u>	1	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIIVI		ا ا	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Oaloma 4)		(Calu	O\	(Column 2)		ADDIT. FEE		•	ADDII. FEEI	
_	``	(Column 1)		(Colui		(Column 3)	1 1		4001			VDD:
AMENDMENT C	,	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	] [	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									<b>O</b> D	TOTAL	
***	If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pa	aid For" IN TH	IS SPACE	is less tha	ın 3, enter "3."	•	ADDIT. FEE	ropriate box		ADDIT. FEE lumn 1.	